

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Edmund Thomas Kennedy
Plaintiff/Petitioner

James T. Moldenham
Defendant/Respondent

Civil Action No.

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)**

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

[Signature]

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

10/13/2017

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse <input checked="" type="checkbox"/>	You	Spouse
Employment <input checked="" type="checkbox"/>	\$ 0	\$	\$ 0	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$ 0	\$	\$ 0	\$

WORKER IN COURT ONLY SINCE 12/1/2001

NOT MARRIED...

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Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/C			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/C			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
NONE		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	NONE \$
Other real estate (Value)	'' \$
Motor vehicle #1 (Value)	Owned by my spouse \$
Make and year:	CR-V 2011
Model:	2011 Honda
Motor vehicle #2 (Value)	NONE \$
Make and year:	
Model:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NONE	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
NONE		

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Shed expenses, I put approx \$1,000 / month.

I live in a community

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	<i>\$1,000</i>	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet. *EST*

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ *0*

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ *NO*

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I'm broke due to illness...

13. Identify the city and state of your legal residence.

Greenville VA 18031

Your daytime phone number:

415 275-1244 (Google voice + Free)

Your age: *67* Your years of schooling: *18**

Last four digits of your social-security number: *5457*

*University of Luke Anne,
* ND grad School 1977, Tax and
accounting*

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October 12th 2017

KATE BARKMAN, CLERK OF COURT Clerk
UNITED STATES DISTRICT COURT
U.S. Courthouse
601 Market Street
Philadelphia, PA 19106-1797

Dear Madam,

My title is Chevallier Reverend. I am an ordained Roman Catholic priest (Eastern Rite) 1003115, Date: November 17, 2013, Diocese of the Sacred Medical Order of the Church of HOPE, www.smoch.org, and Papal Knight, Sacred Medical Order of the Knights of HOPE, www.smoch.org, Diplomatic Passport No. QSO 1003115.

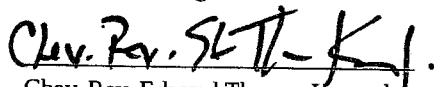
As a professional courtesy, I request all fees be waived in this case, and all my cases for my file in your court. I am loyal to the United States and the Roman Catholic church and I hold two passports, a US. passport and a Diplomatic passport issued by my religious order on behalf of the Vatican. I ask forgiveness for being stupid in the past but I was very sick and now mostly recovered.

Two, I also request a complimentary access to the Pacer database for I do not have a credit card or if not accepted, please provide reasonable accommodation facilities for me at your Allentown office.

Three, I also request all cases be administered or handled at the Allentown office for it will be difficult for me to travel to Easton, Reading or Philadelphia. If this professional courtesy fee waiver request from a Priest is denied, attached or enclosed please find a signed and completed multi page document, titled, "Application to proceed in District Court without prepaying fees or costs" (long form) with attachments. Please forgive any typos or errors for I am disabled and this was written using Google voice recognition application. Four, I request your office provide service of process on my behalf or delegate on my behalf to the US Marshall to perform service of process on all my cases.

Please understand also I have applied to law school and plan to begin as a student at 64 years old in September 2018. I intend to be a litigator and either the tax or Health care and most of my attention is focused on preparing for the December LSAT in Allentown, mostly on the logic applications

Apostolic blessings,


Chev. Rev. Edward Thomas Kennedy